

Data Management Report

April 2017

Quality Management
Data Management Report

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	2027	2009	2015	2014	2010	2003	1999	1997	1995			
Middle	1932	1924	1926	1923	1919	1916	1911	1901	1900			
West	1138	1130	1124	1124	1125	1124	1116	1115	1110			
Statewide	5097	5063	5065	5061	5054	5043	5026	5013	5005	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	5255	5255	5255	5255	5255	5255	5135	5135	5135	5135	5135	5135
Unduplicated waiver participants.	5180	5183	5188	5194	5200	5200	5048	5050	5050			
# of slots remaining for calendar year	75	72	67	61	55	55	87	85	85	5135	5135	5135

CAC Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	491	489	487	494	481	479	477	476	468			
Middle	527	524	524	524	517	516	511	506	509			
West	730	733	731	730	728	726	727	730	730			
Statewide	1748	1746	1742	1748	1726	1721	1715	1712	1707	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923
Unduplicated waiver participants.	1805	1806	1807	1807	1809	1811	1723	1726	1728			
# of slots remaining for calendar year	118	117	116	116	114	112	200	197	195			

SD Waiver Monthly Active Participants	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	404	406	404	403	399	397	398	394	395			
Middle	467	463	463	465	465	465	463	459	455			
West	373	368	369	368	367	367	365	363	361			
Statewide	1244	1237	1236	1236	1231	1229	1226	1216	1211	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
Unduplicated waiver participants.	1312	1313	1313	1313	1313	1313	1229	1230	1230			
# of slots remaining for calendar year	490	489	489	489	489	489	573	572	572			

The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

DIDD Demographics Full State Funded (CS Tracking)	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3	3	3	3	3	3	3	3	3			
Middle	1	1	1	0	0	0	0	0	0			
West	1	1	1	1	1	1	1	1	1			
HJC FAU (Forensic)	4	5	4	4	4	4	3	4	3			
HJC BSU (Behavior)	4	3	3	3	3	3	4	3	3			
Statewide	13	13	12	11	11	11	11	11	10	0	0	0

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

DIDD recipients in private ICF/IID receiving state funded ISC srvs	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	0	0	0	0	0	0	0	0	0			
Middle	0	0	0	0	0	0	0	0	0			
West	0	0	0	0	0	0	0	0	0			
Statewide	0	0	0	0	0	0	0	0	0	0	0	0

Developmental Center census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Jan-00	Apr-17	May-17	Jun-17
GVDC	60	58	57	57	55	50	44	37	32			
HJC- Day One (ICF)	6	6	7	7	8	6	6	6	5			
Total	66	64	64	64	63	56	50	43	37	0	0	0

DIDD community homes ICF/IID census	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	63	62	60	61	61	63	64	64	64			
Middle	36	36	36	35	36	36	36	36	36			
West	48	48	48	48	47	47	47	46	46			
TOTAL	147	146	144	144	144	146	147	146	146	0	0	0

DIDD SERVICE CENSUS*	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total receiving DIDD funded services	8315	8269	8263	8264	8229	8206	8175	8141	8116	0	0	0

*Note: Persons NOT included in this Census are those in Private ICF/ID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

Census by Region	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
East	3048	3027	3026	3032	3009	2995	2985	2971	2957	0	0	0
Middle	2977	2962	2964	2961	2952	2946	2934	2915	2875			
West	2290	2280	2273	2271	2268	2265	2256	2255	2248	0	0	0
Total	8315	8269	8263	8264	8229	8206	8175	8141	8080			

B Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
CAC	0	1	1	0	2	2	2	5	1				14
SD Waiver	10	1	0	0	0	0	0	0	0				11
Statewide Waiver	10	3	6	6	5	1	4	2	0				37
Total Waiver Enrollments	20	5	7	6	7	3	6	7	1				62

CAC Waiver Enrollments	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	0	0	0	0	0	0	0	0	0				0
Middle	0	1	0	0	1	1	1	3	0				7
West	0	0	1	0	1	1	1	2	1				7
Grand Total CAC Waiver	0	1	1	0	2	2	2	5	1				14

SD Waiver Enrollments	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0	0	0	0	0				4
Middle	3	0	0	0	0	0	0	0	0				3
West	4	0	0	0	0	0	0	0	0				4
Grand Total SD Waiver	10	1	0	0	0	0	0	0	0				11

SD Waiver Aging Caregiver		Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Aging Caregiver is included in Total SD Waiver Count Above	East	2	1	0	0	0	0	0	0	0				3
	Middle	0	0	0	0	0	0	0	0	0				0
	West	1	0	0	0	0	0	0	0	0				1
	Total	3	1	0	0	0	0	0	0	0				4

Statewide Waiver Enrollments by Referral Source

Crisis	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
East	3	1	0	0	0	0	0	0	0				4
Middle	1	0	0	1	0	1	0	0	0				3
West	2	0	1	0	1	0	0	0	0				4
Total	6	1	1	1	1	1	0	0	0				11

Secondary Enrollment Source of Crisis:

APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.

CORRECTIONAL FACILITY

DCS Enrollments

DC Transitions into Statewide

ICF Transfer Enrollments

MH Enrollments

PASRR NON NF

PASRR in NF

SD Waiver Transfers

Total by Region

There were 1 waiver enrollments

CAC Waiver	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	1	0	0	0	1	0	0	3				7
Involuntary- Death	13	1	2	6	7	7	6	3	7				52
Involuntary- Safety	0	0	0	1	0	0	0	0	0				1
Involuntary- Incarceration	2	0	0	0	1	0	0	0	0				3
Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0	0				0
Involuntary- Out of State	0	0	0	0	0	0	0	0	0				0
Total Disenrolled	17	2	2	7	8	8	6	3	10				63

SD Waiver	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	0	1	2	2	3	3	1	6	1				19
Involuntary- Death	0	2	2	1	0	1	0	0	1				7
Involuntary- Safety	0	0	0	0	0	0	0	0	0				0
Involuntary- Incarceration	0	0	0	0	0	0	0	0	0				0
Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0	0				0
Involuntary- Out of State	2	0	0	0	0	0	0	0	0				2
Total Disenrolled	2	3	4	3	3	4	1	6	2				28

Statewide Waiver	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Voluntary	2	3	5	3	3	2	4	4	7				33
Involuntary- Death	10	11	7	10	5	13	13	7	8				84
Involuntary- Safety	0	0	0	0	0	0	0	0	0				0
Involuntary- Incarceration	0	0	0	1	0	0	0	0	0				1
Involuntary- NF > 90 Days	1	0	0	0	0	0	0	0	0				1
Involuntary- Out of State	0	0	0	0	1	0	0	0	0				1
Total Disenrolled	13	14	12	14	9	15	17	11	15				120

Analysis:

Developmental Center-to-Community Transitions Report

Greene Valley	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	FYTD
Census [June 2016 60]	60	58	57	57	55	50	44	37	32				
Discharges													
Death	0	1	0	0	0	0	0	0	0				1
Transition to another dev center	0	0	0	0	0	0	0	0	0				0
Transition to community state ICF	0	0	0	0	0	2	0	0	0				2
Transition to private ICF	0	1	1	0	2	3	6	7	5				25
Transition to waiver program	0	0	0	0	0	0	0	0	0				0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0				0
Total Discharges	0	2	1	0	2	5	6	7	5				28

[illegible]

Harold Jordan Center	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 15]	14	14	14	14	15	13	13	12	11				
Admissions	FYTD												
HJC Day One (ICF)	0	0	0	0	0	0	0	0	0				0
HJC FAU (SF)	0	1	0	0	1	0	0	2	0				4
HJC BSU (SF)	0	0	0	0	1	0	2	1	0				4
Total Admissions	0	1	0	0	2	0	2	3	0				8
Discharges													
Death	0	0	0	0	0	0	0	0	0				0
Transition to community state ICF	0	0	0	0	0	0	0	0	0				0
Transition to private ICF	0	0	0	0	0	1	1	2	0				4
Transition to waiver program	0	1	0	0	1	1	0	0	1				4
Transition back to community	1	0	0	0	0	0	1	2	0				4
Total Discharges	1	1	0	0	1	2	2	4	1				12
East Public ICF Homes	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 63]	63	62	60	61	61	63	64	64	64				FYTD
Admissions	0	0	0	1	0	2	1	0	0				4
Discharges													
Death	0	1	2	0	0	0	0	0	0				3
Transition to another dev center	0	0	0	0	0	0	0	0	0				0
Transition to community state ICF	0	0	0	0	0	0	0	0	0				0
Transition to private ICF	0	0	0	0	0	0	0	0	0				0
Transition to waiver program	0	0	0	0	0	0	0	0	0				0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0				0
Total Discharges	0	1	2	0	0	0	0	0	0				3
Middle Public ICF Homes	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 36]	36	36	36	35	36	36	36	36	36				FYTD
Admissions	0	0	0	0	1	0	0	0	0				1
Discharges													
Death	0	0	0	1	0	0	0	0	0				1
Transition to another dev center	0	0	0	0	0	0	0	0	0				0
Transition to public state ICF	0	0	0	0	0	0	0	0	0				0
Transition to private ICF	0	0	0	0	0	0	0	0	0				0
Transition to waiver program	0	0	0	0	0	0	0	0	0				0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0				0
Total Discharges	0	0	0	1	0	0	0	0	0				1
West Public ICF Homes	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	
Census [June 2016 48]	48	48	48	48	47	47	47	47	47				FYTD
Admissions	0	0	0	0	0	0	0	0	0				0
Discharges													
Death	0	0	0	0	1	0	0	0	0				1
Transition to another dev center	0	0	0	0	0	0	0	0	0				0
Transition to public state ICF	0	0	0	0	0	0	0	0	0				0
Transition to private ICF	0	0	0	0	0	0	0	0	0				0
Transition to waiver program	0	0	0	0	0	0	0	0	0				0
Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0				0
Total Discharges	0	0	0	0	1	0	0	0	0				1

Analysis:

For March 2017 HJC had 0 admissions and 1 discharges bringing the census to 11. ETCH had 0 discharges and 0 admissions which held the census at 64. MTH had 0 admissions which held the census at 36 , WTCH had 0 discharges and 0 admissions which held the census to 47 and GVDC had 5 transitions, which decreased the census to 32.

D Protection From Harm/ Complaint Resolution												
Data Source:												
Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.												

Complaints by Source- Self Determination Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	1	0	0	0	0	0	0	1	0			
# from TennCare	0	0	0	0	0	0	0	0	0			
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# from a Concerned Citizen	0	0	0	0	0	0	0	0	0			
% from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# from the Waiver Participant	0	0	0	0	0	0	0	0	0			
% from the Waiver Participant	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# from a Family Member	0	0	0	0	0	0	0	0	0			
% from a Family Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# from Conservator	1	0	0	0	0	0	0	1	0			
% from Conservator	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A			
# Advocate (Paid)	0	0	0	0	0	0	0	0	0			
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# from PTP Interview	0	0	0	0	0	0	0	0	0			
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			

Complaints by Source - Statewide Waiver	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	4	12	10	7	4	11	16	17	13			
# from TennCare	0	0	0	0	0	0	0	0	0			
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# from a Concerned Citizen	2	6	4	1	1	1	0	1	2			
% from a Concerned Citizen	50%	50%	40%	14%	25%	9%	N/A	6%	15%			
# from the Waiver Participant	0	0	0	1	0	2	3	1	3			
% from the Waiver Participant	N/A	N/A	N/A	14%	N/A	18%	19%	6%	23%			
# from a Family Member	0	4	1	1	2	8	3	4	0			
% from a Family Member	N/A	33%	10%	14%	50%	73%	19%	24%	N/A			
# from Conservator	2	2	5	4	1	0	10	8	8			
% from Conservator	50%	17%	50%	57%	25%	N/A	63%	47%	62%			
# Advocate (Paid)	0	0	0	0	0	0	0	0	0			
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# from PTP Interview	0	0	0	0	0	0	0	3	0			
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%	N/A			

Complaints by Source - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total # of Complaints	2	6	1	2	5	5	2	6	2			
# from TennCare	0	0	0	0	0	1	0	0	0			
% from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# from a Concerned Citizen	1	3	1	0	0	1	0	1	0			
% from a Concerned Citizen	50%	50%	100%	N/A	N/A	20%	N/A	17%	N/A			
# from the Waiver Participant	1	0	0	0	0	1	0	0	0			
% from the Waiver Participant	50%	N/A	N/A	N/A	N/A	20%	N/A	N/A	N/A			
# from a Family Member	0	2	0	0	1	0	0	0	0			
% from a Family Member	N/A	33%	N/A	N/A	20%	N/A	N/A	N/A	N/A			
# from Conservator	0	1	0	2	4	3	0	5	2			
% from Conservator	N/A	17%	N/A	100%	80%	60%	N/A	83%	100%			
# Advocate (Paid)	0	0	0	0	0	0	0	0	0			
% from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# from PTP Interview	0	0	0	0	0	0	2	0	0			
% from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A			

Complaints by Issue - CAC	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Total Number of Complaints	2	6	1	2	5	5	2	6	2			
# Behavior Issues	0	1	0	0	0	0	0	0	0			
% Behavior Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# Day Service Issues	1	0	0	0	0	1	0	1	0			
% Day Service Issues	50%	N/A	N/A	N/A	N/A	20%	N/A	17%	N/A			
# Environmental Issues	0	1	0	0	0	0	0	0	0			
% Environmental Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# Financial Issues	0	2	0	1	1	0	0	0	0			
% Financial Issues	N/A	33%	N/A	50%	20%	N/A	N/A	N/A	N/A			
# Health Issues	0	0	1	0	0	1	0	1	0			
% Health Issues	N/A	N/A	100%	N/A	N/A	20%	N/A	17%	N/A			
# Human Rights Issues	1	1	0	0	0	1	1	1	0			
% Human Rights Issues	50%	17%	N/A	N/A	N/A	20%	50%	17%	N/A			
# ISC Issues	0	0	0	0	0	0	0	0	0			
% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# ISP Issues	0	0	0	0	0	0	1	0	0			
% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A			
# Staffing Issues	0	0	0	1	4	2	0	3	2			
% Staffing Issues	N/A	N/A	N/A	50%	80%	40%	N/A	50%	100%			
# Therapy Issues	0	0	0	0	0	0	0	0	0			
% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# Transportation Issues	0	1	0	0	0	0	0	0	0			
% Transportation Issues	N/A	17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# Case Management Issues	0	0	0	0	0	0	0	0	0			
% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
# Other Issues	0	0	0	0	0	0	0	0	0			
% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR March, 2017 REPORT.

There were **(15) Complaint issues** statewide by provider reports as documented in Crystal Reports. This is a decrease of nine **(9)** from the previous month. There were zero **(0) SD Waiver** complaints. There were two **(2) CAC Waiver** complaints and thirteen **(13) Statewide Waiver** complaints. These issues were resolved with person-centered face-to-face meetings and other means of communication with the COS. For those due, there was **100% compliance** for resolving complaints within 30 days for the month of **March 2017**.

THE MAIN COMPLAINT ISSUES involved: Staff Supervision/Management (4), Staff Communication (3), Environmental (3), Human Rights (2), Day Services (1), Staff Treatment (1), and Financial (1).

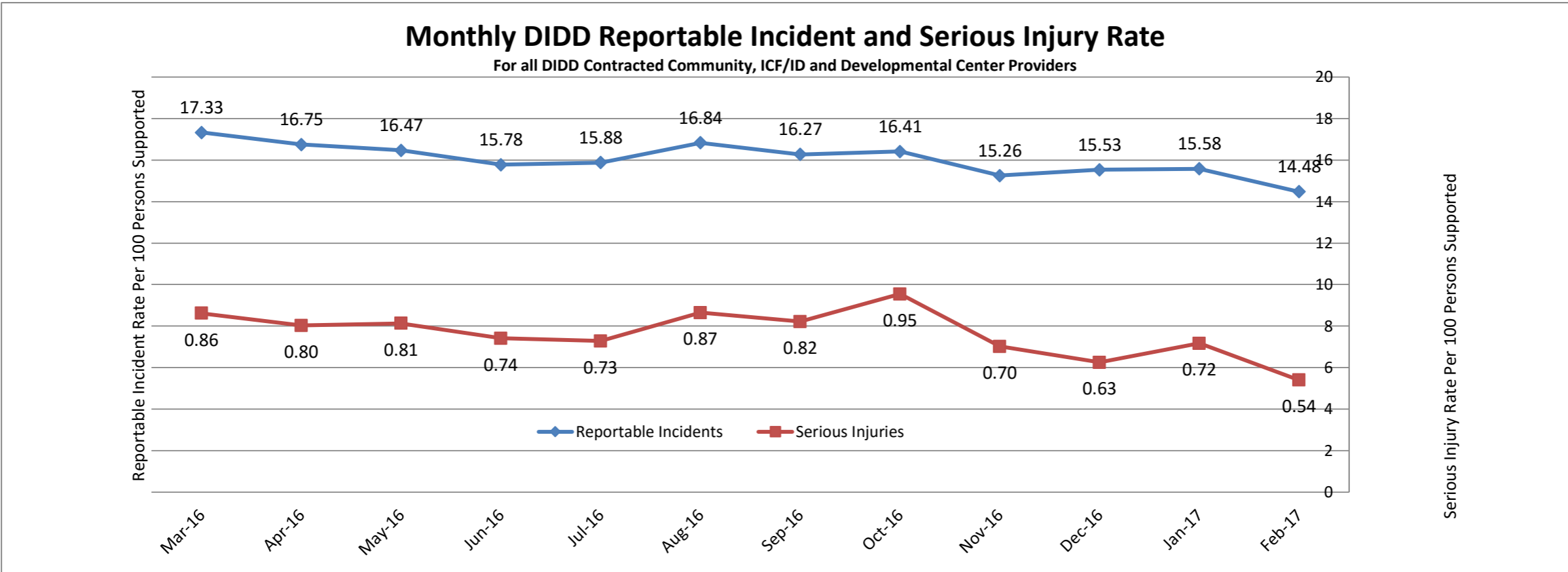
There were **71 Advocacy Interventions** completed by the statewide CFS team in March 2017. This is an increase of **(44)** interventions **(a 62% increase)** from the prior month. ** Advocacy Interventions are Conflict-Resolution facilitations conducted by CFS, as requested, that are not formal complaints documented in COSMOS.*

FOCUS GROUPS were held in Memphis, Jackson, Greeneville, and Knoxville. There were approximately **149** participants in the Focus Groups. Topics included: What makes for a successful a job? Mealtime Issues, Employment Issues and future planning of topics for upcoming gatherings. ******

***Noteworthy – In March the significant increase number of Advocacy Interventions seems mainly due to the filling of the vacant CFS position in the Middle Region.**

****Update – The Middle Region CFS staff continue to explore options/locations for the re-establishment of CFS-Focus Groups in/around the Nashville area.**

D	Protection From Harm/Incident Management													
Data Source:														
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.														
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.														
Incidents / East		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	497	508	533	570	586	540	559	489	483				4765
	Rate of Reportable Incidents per 100 people	15.00	15.32	16.17	17.299	17.75	16.45	17.11	15.02	14.894				16.1
	# of Serious Injuries	26	17	29	34	29	24	21	23	21				224
	Rate of Incidents that were Serious Injuries per 100 people	0.78	0.51	0.88	1.03	0.88	0.73	0.64	0.706	0.6475				0.8
	# of Incidents that were Falls	35	29	37	38	34	33	50	26	30				312
	Rate of Falls per 100 people	1.06	0.87	1.12	1.15	1.03	1.01	1.53	0.799	0.9251				1.1
	# of Falls resulting in serious injury	8	9	12	17	10	15	10	9	13				103
	% of serious injuries due to falls	30.8%	52.9%	41.4%	50.0%	34.5%	62.5%	47.6%	39.1%	61.9%				46.8%
Incidents / Middle		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	520	529	569	464	479	415	465	451	457				4349
	Rate of Reportable Incidents per 100 people	16.12	16.3	17.62	14.356	14.83	12.89	14.47	14.08	14.358				15.0
	# of Serious Injuries	24	30	28	30	33	26	19	22	15				227
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.92	0.88	0.93	1.02	0.81	0.59	0.687	0.4713				0.8
	# of Incidents that were Falls	25	54	32	46	49	38	30	32	26				332
	Rate of Falls per 100 people	0.78	1.66	0.99	1.42	1.52	1.18	0.93	0.999	0.8168				1.1
	# of Falls resulting in serious injury	9	15	12	12	18	11	12	12	8				109
	% of serious injuries due to falls	37.5%	50.0%	42.9%	40.0%	54.5%	42.3%	63.2%	54.5%	53.3%				48.7%
Incidents / West		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	409	404	416	432	414	415	367	451	347				3655
	Rate of Reportable Incidents per 100 people	16.36	16.17	16.71	17.41	16.69	16.75	14.83	18.28	14.083				16.4
	# of Serious Injuries	17	19	21	10	24	13	16	19	12				151
	Rate of Incidents that were Serious Injuries per 100 people	0.68	0.76	0.84	0.40	0.97	0.52	0.65	0.77	0.487				0.7
	# of Incidents that were Falls	22	28	34	12	33	29	30	25	20				233
	Rate of Falls per 100 people	0.88	1.12	1.37	0.48	1.33	1.17	1.21	1.013	0.8117				1.0
	# of Falls resulting in serious injury	9	9	13	2	7	8	9	10	4				71
	% of serious injuries due to falls	52.9%	47.4%	61.9%	20.0%	29.2%	61.5%	56.3%	52.6%	33.3%				46.1%
Incidents / Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	YTD
	# of Reportable Incidents	1426	1439	1518	1466	1479	1370	1391	1391	1287				12767
	Rate of Reportable Incidents per 100 people	15.78	15.88	16.84	16.27	16.41	15.26	15.53	15.58	14.477				15.8
	# of Serious Injuries	67	66	78	74	86	63	56	64	48				602
	Rate of Incidents that were Serious Injuries per 100 people	0.74	0.73	0.87	0.82	0.95	0.70	0.63	0.717	0.5399				0.7
	# of Incidents that were Falls	82	111	103	96	116	100	110	83	76				877
	Rate of Falls per 100 people	0.91	1.23	1.14	1.07	1.29	1.11	1.23	0.93	0.8549				1.1
	# of Falls resulting in serious injury	26	33	37	31	35	34	31	31	25				283
	% of serious injuries due to falls	38.8%	50.0%	47.4%	41.9%	40.7%	54.0%	55.4%	48.4%	52.1%				47.6%



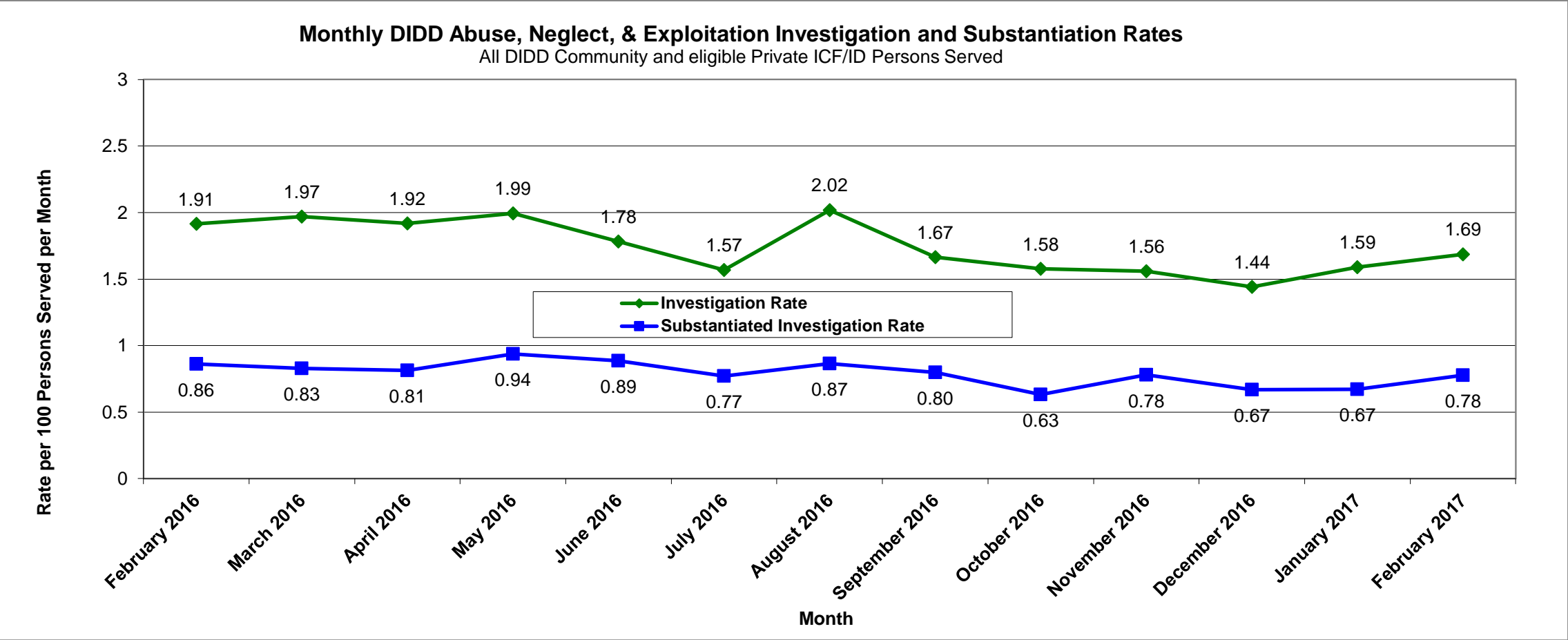
PFH Analysis: Incident Management
Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

The monthly statewide rate of reportable incidents per 100 persons supported for February 2017 decreased from 15.58 to 14.48. The rate of Serious Injury per 100 persons supported decreased from 0.72 to 0.54. The rate of Falls per 100 persons supported decreased from 0.93 to 0.85. The number of Serious Injuries due to Falls decreased from 31 to 25. The percentage of Serious Injuries due to Falls was 52.1%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for March 2015 – February 2017 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, March 2015 – February 2016, was 15.79 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, March 2016 – February 2017, is 16.05 per 100 persons supported. Analysis showed an increase of 0.26 in the average incident rate.

D	Protection From Harm/Investigations												
East Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		3314	3317	3296	3295	3302	3282	3268	3256	3243			
# of Investigations		52	41	49	36	38	36	35	39	33			
Rate of Investigations per 100 people		1.57	1.24	1.49	1.09	1.15	1.10	1.07	1.20	1.02			
# of Substantiated Investigations		23	19	11	12	17	19	15	16	14			
Rate of Substantiated Investigations per 100 people		0.69	0.57	0.33	0.36	0.51	0.58	0.46	0.49	0.43			
Percentage of Investigations Substantiated		44%	46%	22%	33%	45%	53%	43%	41%	42%			
Middle Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		3225	3245	3230	3232	3229	3220	3214	3204	3183			
# of Investigations		60	58	79	57	51	56	48	46	54			
Rate of Investigations per 100 people		1.86	1.79	2.45	1.76	1.58	1.74	1.49	1.44	1.70			
# of Substantiated Investigations		36	36	41	29	22	31	24	25	31			
Rate of Substantiated Investigations per 100 people		1.12	1.11	1.27	0.90	0.68	0.96	0.75	0.78	0.97			
Percentage of Investigations Substantiated		60%	62%	52%	51%	43%	55%	50%	54%	57%			
West Region		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		2500	2499	2489	2482	2480	2477	2474	2467	2464			
# of Investigations		49	43	54	57	53	48	46	57	63			
Rate of Investigations per 100 people		1.96	1.72	2.17	2.30	2.14	1.94	1.86	2.31	2.56			
# of Substantiated Investigations		21	15	26	31	18	20	21	19	24			
Rate of Substantiated Investigations per 100 people		0.84	0.60	1.04	1.25	0.73	0.81	0.85	0.77	0.97			
Percentage of Investigations Substantiated		43%	35%	48%	54%	34%	42%	46%	33%	38%			
Statewide		Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Census		9039	9061	9015	9009	9011	8979	8956	8927	8890			
# of Investigations		161	142	182	150	142	140	129	142	150			
Rate of Investigations per 100 people		1.78	1.57	2.02	1.67	1.58	1.56	1.44	1.59	1.69			
# of Substantiated Investigations		80	70	78	72	57	70	60	60	69			
Rate of Substantiated Investigations per 100 people		0.89	0.77	0.87	0.80	0.63	0.78	0.67	0.67	0.78			
Percentage of Investigations Substantiated		50%	49%	43%	48%	40%	50%	47%	42%	46%			



D	Protection From Harm/Investigations
Analysis:	
<p>PFH Analysis: Investigations</p> <p>Chart: Monthly Rates: Investigations Opened/Substantiated</p> <p>During the month of February, 2017, 150 investigations were completed across the State. The statewide average for the past 12 months was 155 investigations. Thirty-three (33) of these originated in the East Region, fifty-four (54) in the Middle Region, and sixty-three (63) in the West Region. Middle and West had an increase in the number of investigations, eight and six respectively, while East had a decrease of six investigations</p> <p>Statewide, investigations were opened at a rate of 1.69 investigations per 100 people served and the census was 8890. The twelve month average is 1.44 investigations per 100 people served. The East opened investigations at a rate of 1.02 investigations per 100 people served, census of 3243. East's twelve month average is 1.32 investigations per 100 people served. Middle opened investigations at a rate of 1.70 investigations per 100 people served, census of 3183, and the average for the last 12 months is 1.84. West opened investigations at a rate of 2.56 per 100 people served, census of 2464, and their average for the past twelve months is 2.14.</p> <p>Sixty nine (69), or 46%, of the 150 investigations opened statewide in February, 2017, were substantiated for abuse, neglect, or exploitation. This was a .10 increase from the prior reporting period, which was 60 and 42%. The statewide average of substantiated investigations for the past twelve months was 72 substantiated investigations or 46%. Middle substantiated investigations at the highest percentage of 57% per 100 people (31 substantiated investigations), compared to the 42% substantiated in the East (14 substantiated investigations), and the 38% substantiated in the West (24 substantiated investigations). The monthly average of the substantiated investigations by region for the past 12 months is 41% East, 54% Middle, and 41% West.</p> <p>These substantiations reflect that the statewide rate of substantiated investigations per 100 people served at 0.78 or 46% during February, 2017. The West substantiated investigations at the rate of .97 substantiated investigations per 100 people served, Middle with .97 substantiated investigations per 100 people served, and East .43 substantiated investigations per 100 people served. The percentage of investigations substantiated for the past 12 months is .66 statewide; .53 East, .99, Middle and .87 West.</p>	

E. Due Process / Freedom of Choice

Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the appeals process.

East Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
Total Service Requests Received	2706	2677	2759	2475	2268	2225	2297	2847	2281			
Total Adverse Actions (Incl. Partial Approvals)	46	36	36	36	25	43	39	52	54			
% of Service Requests Resulting in Adverse Actions	2%	1%	1%	2%	1%	2%	2%	2%	2%			
Total Grier denial letters issued	24	30	23	22	21	34	31	31	36			
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0	0	1	1	0			
Termination	0	0	0	0	0	0	0	0	0			
Reduction	0	0	0	0	0	0	0	0	0			
Suspension	0	0	0	0	0	0	0	0	0			
Total Received	0	0	0	0	0	0	1	1	0			
DENIAL OF SERVICE												
Total Received	0	0	0	0	0	0	3	2	0			
Total Grier Appeals Received	0	0	0	0	0	0	4	3	0			
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0			
Total appeals overturned upon reconsideration	0	0	0	0	0	0	0	0	0			
TOTAL HEARINGS	4	0	1	0	0	1	0	0	1			
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0				
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0			
Other	1	0	0	0	0	0	0	0	0			
Total Directives Received	1	1	0	0	0	0	0	0	0			
Overtured Directives	0	1	0	0	0	0	0	0	0			
MCC Directives	0	0	0	\$0	0	0	0	0	0			
Cost Avoidance (Estimated)	\$17,064	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
LATE RESPONSES												
Total Late Responses	0	0		0	0	0	0	0	0			
Total Days Late	0	0	0	0	0	0	0	0	0			
Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0			
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0	0			
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	6	0	1	2	1	0	0	0			
Continuing Delay Issues (Unresolved)	3	4	5	2	2	4	5	3	2			
Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	113	0			
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$56,500	\$0			

Middle Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	3298	2805	2769	2986	2348	2480	2100	2625	2448			
Total Adverse Actions (Incl. Partial Approvals)	234	143	139	100	87	106	88	98	70			
% of Service Requests Resulting in Adverse Actions	7%	5%	5%	3%	4%	4%	4%	4%	3%			
Total Grier denial letters issued	76	77	88	65	55	71	44	81	38			
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0	0	0	0	0			
Termination	0	0	0	0	0	0	0	0	0			
Reduction	0	0	0	0	0	0	0	0	0			
Suspension	0	0	0	0	0	0	0	0	0			
Total Received	1	0	0	1	0	0	0	0	0			
DENIAL OF SERVICE												
Total Received	3	7	5	4	4	4	9	0	0			
Total Grier Appeals Received	4	7	5	5	4	4	9	0	0			
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0			
Total appeals overturned upon reconsideration	0	0	2	0	0	0	1	1	0			
TOTAL HEARINGS	2	1	0	3	3	1	2	0	4			
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0			
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0			
Other	1	0	1	0	0	0	1	0	0			
Total Directives Received	1	0	1	0	0	0	1	0	0			
Overturned Directives	0	0	0	0	0	0	0	0	0			
MCC Directives	0	0	0	0	0	0	0	0	0			
Cost Avoidance (Estimated)	\$32,226	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0	0			
Total Days Late	0	0	0	0	0	0	0	0	0			
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0	1			
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500			
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	1	0	0	0	1	0	0	0	0			
Continuing Delay Issues (Unresolved)	1	1	0	0	1	0	0	0	0			
Total days service(s) not provided per TennCare ORR	67	33	0	0	2	0	0	0	0			
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000	\$0	\$0	\$0	\$0			

West Region	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	1503	2079	1649	2384	2226	2159	1704	1942	1719			
Total Adverse Actions (Incl. Partial Approvals)	71	152	83	172	180	150	90	145	91			
% of Service Requests Resulting in Adverse Actions	5%	7%	5%	7%	8%	7%	5%	8%	5%			
Total Grier denial letters issued	96	126	112	105	112	105	72	94	66			
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	0	0	0	0	0	0	0	0	0			
Termination	0	0	0	0	0	0	0	0	0			
Reduction	0	0	0	0	0	0	0	0	0			
Suspension	0	0	0	0	0	0	0	0	0			
Total Received	0	0	0	0	0	0	0	0	0			
DENIAL OF SERVICE												
Total Received	0	3	3	3	4	4	2	5	2			
Total Grier Appeals Received	0	3	3	3	4	4	2	5	2			
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0			
Total appeals overturned upon reconsideration	0	1	1	3	2	2	2	2	1			
TOTAL HEARINGS	2	2	1	0	4	4	2	0	3			
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	2	2	2	0	0			
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0			
Other	0	0	0	0	0	0	0	0	0			
Total Directives Received	0	0	0	0	0	0	0	0	0			
Overturned Directives	0	0	0	0	0	0	0	0	0			
MCC Directives	0	0	0	0	0	0	0	0	0			
Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0	0			
Total Days Late	0	0	0	0	0	0	0	0	0			
Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0			
DEFECTIVE NOTICES												
Total Defective Notices Received	0	0	0	0	0	0	0	0	0			
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	2	0	2	1	1	1	3	0	2			
Continuing Delay Issues (Unresolved)	1	2	2	2	1	0	0	1	1			
Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	15	0			
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,500	\$0			

Statewide	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
SERVICE REQUESTS												
Total Service Requests Received	7507	7561	7177	7845	6842	6864	6101	7414	6448			
Total Adverse Actions (Incl. Partial Approvals)	351	331	258	308	292	299	217	295	215			
% of Service Requests Resulting in Adverse Actions	5%	4%	4%	4%	4%	4%	4%	4%	3%			
Total Grier denial letters issued	196	233	223	192	188	210	147	206	140			
APPEALS RECEIVED												
DELIVERY OF SERVICE												
Delay	1	0	0	1	0	0	1	1	0			
Termination	0	0	0	0	0	0	0	0	0			
Reduction	0	0	0	0	0	0	0	0	0			
Suspension	0	0	0	0	0	0	0	0	0			
Total Received	1	0	0	1	0	0	1	1	0			
DENIAL OF SERVICE												
Total Received	3	10	8	7	8	8	14	7	2			
Total Grier Appeals Received	4	10	8	8	8	8	15	8	2			
Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0			
Total appeals overturned upon reconsideration	0	1	3	3	2	2	3	3	1			
TOTAL HEARINGS	8	3	2	3	3	2	2	0	8			
DIRECTIVES												
Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0			
Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0			
Other	2	1	1	0	0	0	1	0	0			
Total Directives Received	2	1	1	0	0	0	1	0	0			
Overtured Directives	0	0	0	0	0	0	0	0	0			
MCC Directives	0	0	0	0	0	0	0	0	0			
Cost Avoidance (Estimated)	\$49,290	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Cost Avoidance (Total Month-Estimated)	\$49,290	\$0	\$91,396	\$0	\$11,574	\$0	\$31,598	\$0	\$0			
Cost Avoidance (FY 2017-Estimated)	\$1,047,036	\$0	\$91,396	\$91,396	\$102,970	\$102,970	\$134,568	\$134,568	\$134,568			
LATE RESPONSES												
Total Late Responses	0	0	0	0	0	0	0	0	0			
Total Days Late	0	0	0	0	0	0	0	0	0			
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0			
Total Defective Notices Received	0	0	0	0	0	0	0	0	1			
Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500			
*fine amount is based on timely responses												
PROVISION OF SERVICES												
Delay of Service Notifications Sent (New)	5	3	2	2	4	2	3	0	2			
(Unresolved)	5	7	7	4	4	4	5	4	3			
Total days service(s) not provided per TennCare ORR	67	33	0	0	2	0	0	128	0			
Total Fines Accrued (Estimated)	\$38,484	\$16,500	\$0	\$0	\$1,000	\$0	\$0	\$64,000	\$0			

Appeals:

The DIDD received 2 appeals in February, compared to 8 received during the previous month (75% decrease in volume). Fiscal Year 2016 averaged 11.4 appeals received per month, indicating that February experienced a 82.5% decrease in volume based on this average.

The DIDD received 6448 service requests in February compared to 7414 received in January (13% decrease in volume). The average of service requests received during Fiscal Year 2016 was 7398 per month, indicating that February experienced a 12.8% decrease in volume based on this average.

3.3% of service plans were denied statewide in February compared to 4% in January. The average of service plans denied per month during Fiscal Year 2016 was 4.4%, indicating that February experienced a 1.1% decrease in denied plans.

Directives:

No directives were received statewide during this reporting month.

Cost Avoidance:

There was no cost avoidance during this reporting month. Statewide, total cost avoidance remains at **\$134,568.41** for the fiscal year.

Sanctioning/fining issues:

The Middle Region received 1 defective notice, resulting in a \$500.00 fine.

Total sanctions statewide for February was \$500.00.

F	Provider Qualifications / Monitoring (II.H., II.K.)
Data Source:	
The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.	

Day and Residential Provider	Statewide				Cumulative / Statewide			
# of Day and Residential Providers Monitored this Month	17				36			
Total Census of Providers Surveyed	771				1089			
# of Sample Size	126				204			
% of Individuals Surveyed	16%				19%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	88%	11%	0%	0%	88%	11%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	70%	29%	0%	0%	69%	30%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	58%	41%	0%	0%	66%	33%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	88%	11%	0%	0%	83%	16%	0%	0%
Outcome B. The person has a sanitary and comfortable living arrangement.	100%	0%	0%	0%	94%	5%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	29%	64%	5%	0%	36%	61%	2%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	86%	13%	0%	0%	80%	10%	3%	6%
Domain 5: Health								
Outcome A. The person has the best possible health.	64%	35%	0%	0%	69%	27%	2%	0%
Outcome B. The person takes medications as prescribed.	82%	13%	0%	0%	75%	15%	6%	3%
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	97%	2%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 7: Relationships and Community Membership								
Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 8: Opportunities for Work								
Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person's day service leads to community employment or meets his or her unique needs.	100%	0%	0%	0%	94%	5%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	76%	17%	5%	0%	66%	27%	5%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	52%	41%	5%	0%	61%	36%	2%	0%
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	47%			52%	58%			41%
Outcome C. Provider staff are adequately supported.	64%	35%	0%	0%	80%	19%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	88%	5%	5%	0%	94%	2%	2%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	82%	17%	0%	0%	69%	27%	2%	0%
Outcome B. People's personal funds are managed appropriately.	60%	26%	13%	0%	44%	37%	17%	0%

Personal Assistance	Statewide				Cumulative / Statewide			
# of Personal Assistance Providers Monitored this Month	1				1			
Total Census of Providers Surveyed	67				67			
# of Sample Size	8				8			
% of Individuals Surveyed	12%				12%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2. Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	1%	0%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	1%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	0%	100%	0%	0%	0%	100%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person takes medications as prescribed.								
Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	1%	0%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	0%	100%	0%	0%	0%	100%	0%	0%
Indicator 9.B.2.: Provider staff have received	0%			100%	0%			100%
Outcome C. Provider staff are adequately supported.	0%	100%	0%	0%	0%	100%	0%	0%
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	1%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD	100%	0%	0%	0%	100%	0%	0%	0%

Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers	Statewide				Cumulative / Statewide			
# of ISC Providers Monitored this Month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 1: Access and Eligibility								
Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome B. The person has a sanitary and comfortable living arrangement.								
Outcome C. Safeguards are in place are in place to protect the person from harm.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider Staff are adequately supported.								
Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Provider Qualifications / Monitoring (II.H., II.K.)

Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	1				3			
Total Census of Providers Surveyed	4				157			
# of Sample Size	4				15			
% of Individuals Surveyed								
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	0%	100%	0%	0%	0%	66%	33%	0%
Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	33%	66%	0%	0%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	0%	100%	0%	0%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	0%	100%	0%	0%	66%	33%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	0%	100%	0%	0%	33%	66%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	0%	100%	0%	0%	66%	33%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	0%	0%	100%	0%	0%	66%	33%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	0%	100%	0%	0%	66%	33%	0%	0%
Indicator 9.B.2.: Provider staff have received	0%			100%	50%			50%
Outcome C. Provider staff are adequately supported.					100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Nursing	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month								
Total Census of Providers Surveyed								
# of Sample Size								
% of Individuals Surveyed								
# of Additional Focused Files Reviewed								
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
Outcome B. Services and supports are provided according to the person's plan.								
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.								
Outcome C. Safeguards are in place to protect the person from harm.								
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.								
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
Domain 5: Health								
Outcome A. The person has the best possible health.								
Outcome B. The person takes medications as prescribed.								
Outcome C. The person's dietary and nutritional needs are adequately met.								
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.								
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
Outcome B. Provider staff are trained and meet job specific qualifications.								
Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
Outcome C. Provider staff are adequately supported.								
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Clinical Providers- Therapy	Statewide				Cumulative / Statewide			
# of Clinical Providers Monitored for the month	3				3			
Total Census of Providers Surveyed	129				129			
# of Sample Size	17				17			
% of Individuals Surveyed	13%				13%			
# of Additional Focused Files Reviewed	0				0			
	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
Domain 2: Individual Planning and Implementation								
Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	0%	66%	0%	33%	0%	66%	0%	33%
Outcome B. Services and supports are provided according to the person's plan.	33%	33%	0%	33%	33%	33%	0%	33%
Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	33%	0%	33%	33%	33%	0%	33%	33%
Domain 3: Safety and Security								
Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 4: Rights, Respect and Dignity								
Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 6: Choice and Decision-Making								
Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 9: Provider Capabilities and Qualifications								
Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	33%	66%	0%	0%	33%	66%	0%	0%
Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
Indicator 9.B.2.: Provider staff have received								
Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
Domain 10: Administrative Authority and Financial Accountability								
Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

QA Summary for QM Report (thru 3/2017 data)

Performance Overview- Calendar Year 2017 Cumulative:							
Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	26%	31%	N/A	N/A	N/A	N/A	N/A
Proficient	37%	30%	100%	N/A	67%	N/A	67%
Fair	35%	39%	N/A	N/A	33%	N/A	N/A
Significant Concerns	2%	N/A	N/A	N/A	N/A	N/A	33%
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	43	36	1	N/A	3	N/A	3

Day / Residential Providers:

Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: East- Comcare, Douglas Cooperative, Greene County Skills, Personal Care Choices, Scott Appalachian Industries; Middle- Cumberland Community Options, Developmental Services of Dickson County, James Center, Support Solutions of the Mid-South, Timeck Care, Triumph Care, Shalom Community, Heavenly Care, Capitol City Residential Healthcare; West- Clara Butler Nursing and Personal Care Services, Comprehensive Services of Tennessee, Evergreen Presbyterian Ministries, Shelby Residential and Vocational Services, Star Center, Tiara’s Haven.

East Region:
Comcare, Inc.: The 2017 QA survey resulted in the agency receiving a score of 52. This places them in the Proficient range of performance. Compared to their 2016 survey results, this is a 2-point increase in compliance (50 in 2016). This increase in compliance was specific to improvement identified in Domain 5 (PC-SC).
The provider should focus efforts to ensure the following:

- Provision of services and supports are documented in accordance with the plan (This is a repeat issue – Indicator 2.B.5).
- A process for reviewing and monitoring the implementation of the plan is implemented (This is a repeat issue – Indicator 2.D.5).
- Documentation indicates appropriate monitoring of the plan’s implementation.
- The ISC is informed of emerging risk issues or other indicators of need for revision to the individual plan (This is a repeat issue – Indicator 2.D.7).
- Information is disseminated to people, family members and/or legal representatives regarding details about complaint resolution policies and procedures.
- Staff receive appropriate training.

Personal funds accounts: 5 accounts were reviewed, 0 contained issues.

- A recoupment letter was sent to the provider on March 28, 2017 in the amount of \$43.32. The recoupment was specific to issues regarding billing for Community Based Day services when documentation did not support the provision of the service.
- A Sanction Warning letter was sent to the provider on March 22, 2017 regarding New Hire Staff Training requirements.

Douglas Cooperative, Inc.: The 2017 QA survey resulted in the agency receiving a score of 54. This places them in the Exceptional range of performance. Compared to their 2016 survey results, this is a 2-point increase in compliance (52 in 2016). This increase in compliance was specific to improvement identified in Domain 10 (PC-SC).

- Personal funds accounts: 8 accounts were reviewed, 3 contained issues.
- A Sanction Warning letter was sent to the provider on March 30, 2017 regarding New Hire Staff Qualifications requirements.

Greene County Skills, Inc.: The 2017 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. This is the same score that the agency received in 2016.

The provider should focus efforts to ensure the following:

- Documentation indicates appropriate monitoring of the plan’s implementation.
- Potential employees are screened and exemptions are requested as appropriate.
- Needed health care services and supports are provided.
- Medications are administered in accordance with physician’s orders.
- Only appropriately trained staff administer medications.
- Staff receive appropriate training.
- Staff receive ongoing supervision consistent with their job function.

Personal funds accounts: 7 accounts were reviewed, 0 contained issues.

A recoupment letter was sent to the provider on March 28, 2017 in the amount of \$171.95. The recoupment was specific to issues regarding billing for Community Based Day and Facility Based Day services when documentation did not support the provision of service.

Personal Care Choices: The 2017 QA survey resulted in the agency receiving a score of 42. This places them in the fair range of performance. Compared to their 2016 survey results, this is a 2-point decrease in compliance (44 in 2016). This decrease in compliance was specific to issues identified in Domain 5 (PC-MC).

The provider should focus efforts to ensure the following:

- Documentation indicates appropriate monitoring of the plan's implementation.
- Protection From Harm Policies include a Crisis Intervention Policy.
- Trends in medication variances are analyzed and prevention strategies are implemented to address findings (This is a repeat issue – Indicator 3.C.14).
- Reportable incidents are reviewed to determine trends and develop corrective strategies.
- Informed consent for the use of psychotropic medications, rights restrictions and/or restricted interventions are obtained.
- Rights restrictions and restricted interventions are reviewed and/or approved.
- TD screenings are completed as required.
- PRN orders define required parameters (This is a repeat issue – Indicator 5.B.1).
- Medications are available and administered as ordered (This is a repeat issue – Indicator 5.B.2).
- Medication variances are detected (This is a repeat issue – Indicator 5.B.2).
- Only appropriately trained staff administer medications.
- Medication administration records are appropriately maintained.
- Medications are appropriately stored when being transported.
- Complies with requirements in the Provider Agreement regarding information requested by the DIDD survey team.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities (This is a repeat issue – Indicator 9.A.6).
- Staff receive appropriate training.
- Staff meet job-specific qualifications in accordance with the Provider Agreement.
- Staff receive ongoing supervision consistent with their job function.

Personal funds accounts: 4 accounts were reviewed, 4 contained issues. The provider should focus efforts to ensure: receipts are retained, personal funds logs do not contain errors or negative balances, check images or copies of checks written are maintained, and leases are signed by the tenant.

Scott Appalachian Industries, Inc.: The 2017 QA survey resulted in the agency receiving a score of 52. This places them in the Exceptional range of performance. Compared to their 2016 survey results, this is a 6-point increase in compliance (46 in 2016). This increase in compliance was specific to improvements identified in Domains 2 (PC-SC), 4 (PC-SC), 5 (PC-SC) and 9 (PC-SC); however, Domain 10 decreased from substantial to a partial compliance.

Personal funds accounts: 4 accounts were reviewed, 2 contained issues. The provider should focus efforts to ensure: receipts are retained, personal funds logs are maintained, people do not have countable assets over the maximum allowed for eligibility, and amounts paid for rent correspond with the amount noted on the lease.

The agency requested a review of portions of their 2017 Quality Assurance survey report on 3/31/17.

A letter was sent to the provider on March 28, 2017, regarding a referral sent to the DIDD Office of Risk Management and Licensure.

Middle Region:

James Developmental Center- Day/Residential, Personal Assistance: The exit conference was declined.

Scored 48 Exceptional on the 2017 QA survey. The agency scored 48 Proficient on the 2016 QA survey.

- Domains 3, 5, & 10 increased to Substantial Compliance.
- Domain 3: Criminal Background, registry, and the OIG checks were completed appropriately for the 3 new employees with a compliance rating of 100%.
- Domain 9: Training was completed timely for new staff with a compliance rating of 100% for all modules. Training was completed timely for six of the seven tenured staff reviewed. On-line training for CPR & First Aid was completed by one staff person.
- Domain 10: No billing issues were identified. No Personal Funds Management issues were identified for the 3 individuals reviewed.

Cumberland Community Options- Day/Res: The exit conference was held on March 9, 2017.

- Scored 50 Proficient on the 2017 QA Survey.
- The agency scored 40 Fair on the 2016 QA Survey.
- Domains 2 and 9 increased from Partial to Substantial Compliance.
- Domain 5 increased from Minimal to Substantial Compliance.
- Domain 10 increased from Minimal to Partial Compliance.
- Domain 3 remained Partial Compliance.
- Domain 3: Issues were noted with the completion of fire drills during sleep hours. Criminal Background and State of Tennessee Registry checks were 100% compliant for the two new employees.
- Domain 9: New staff and tenured staff training for 10 employees was 100% compliant.
- Domain 10: Isolated billing issues were identified with Community Based Day services. Minor Personal Funds Management issues were identified for two of the four individuals reviewed due to payment for pest control, mileage, and lack of maintenance of receipts. One person's back account was over the allowable limit for 9 months.

Support Solutions of the Mid-South- Day/Res, Behavior: The exit conference was held on March 10, 2017.

Scored 44 Fair on the 2017 QA Survey. The agency scored 38 Significant Concerns on the 2016 QA Survey.

- Domain 4 increased from Partial to Substantial Compliance.
- Domains 3 and 10 remain Partial Compliance.
- Domain 2 increased from Non-Compliance to Partial Compliance.
- Domain 5 increased from Minimal to Partial Compliance.
- Domain 9 decreased from Substantial to Partial Compliance.
- Domain 2: Issues were identified with Risk Issues Identification Tools not completed timely and/or did not include all risks. One Behavior Service Assessment did not address the reliability of data. Documentation of Supported Living Level 4 and 6 services did not consistently provide evidence of the required levels of staffing. Monthly Reviews were not completed in a timely manner, did not address applicable outcomes, and/or provide a reasonable overview of efforts to implement the ISP. The information provided was often verbatim and not specific to the month reviewed.
- Domain 3: Issues were identified with fire drills not being conducted as required, no inspections for vehicles utilized by the family model provider, and the policy did not address Family Model vehicles. Two situations were identified in which incident of Reportable Staff Misconduct were not reviewed and resolved per requirements. Criminal Background checks were completed with a compliance of 93.2% for the 44 new employees. State of Tennessee Registry Checks and the OIG were 100% compliant.
- Domain 5: Psychotropic medications were not reviewed on a quarterly basis as required. A documented summary of behavioral information was not submitted to the prescribing practitioner during reviews of psychotropic medications.
- Domain 9: Unannounced supervisory visits were not completed as required at the Supported Living and Personal Assistance sites reviewed. New employee training was at or above 97.7% compliant for all modules; tenured staff training was 95% compliant for the 20 employees reviewed.
- Domain 10: Issues with billing were identified for Supported Living Level 6 and Community Based Day services. A referral to Risk Management occurred. Issues with Personal Funds Management were identified for the three of three individuals reviewed due to lack of maintenance of receipts, bank fees due to a stop payment on a check, and unsupported expenses paid to a landlord.

Timeck Care, Inc.-Day/Res, Family Model, Personal Assistance, and Nursing : The exit conference was held on March 24, 2017. The agency scored 48 Proficient on the 2017 QA survey.

- Scored 46 Fair on the 2016 QA Survey.
- Domains 4, 7, and 10 increased from Partial to Substantial Compliance.
- Domain 9 remained Partial Compliance.
- Domains 2 and 3 decreased from Substantial to Partial Compliance.
- Domain 2: For two individuals, the staff interviewed were not familiar with the ISP outcomes for the people they were supporting. Staff reported implementing a Behavior Support Plan for one person who had been discharged from Behavior Services. ISP outcomes were not consistently and/or adequately being addressed in the Monthly reviews.
- Domain 3: The Incident Management Committee did not meet per requirements. Criminal Background and State of Tennessee Registry Checks were 100% compliant for the 9 new employees.
- Domain 9: The composition of the advisory board does not meet DIDD requirements. Training was at or above 88.9% compliant for all modules. Tenured staff training was 100% compliant for the 6 employees reviewed.
- Domain 10: Minor billing issues were identified for Personal Assistance, Transportation, and Supported Living Level 4 services. Recoupment occurred. No Personal Funds Management issues were identified.

Triumph Care- Day, Personal Assistance, and Nursing: The exit conference was held on March 24, 2017.

Scored 46 Fair on the 2017 QA Survey. Scored 46 Fair on the 2016 QA Survey.

- Domain 10 increased from Partial to Substantial Compliance.
- Domain 5 decreased from Substantial to Partial Compliance.
- Domain 2, 3, and 9 remained Partial Compliance.
- Domain 2: A Risk Issues Identification Tool was not completed timely. Two individuals were missing Monthly Reviews. Issues were noted with the timely submission of Monthly Reviews to the Independent Support Coordinators.
- Domain 3: Issues were identified regarding an incident that was not reported and failure to review another incident timely. The Criminal Background and State of Tennessee Checks were completed timely for the 11 new staff.
- Domain 5: Current dental examinations were not present for four of the five people reviewed. Annual physical examinations were not present for two of the five people reviewed. Nursing documentation indicated was not receiving oxygen monitoring as ordered, nor being weighed monthly per the Plan of Care.
- Outcome 5.B.: Scored Minimal Compliance due to a Personal Assistance staff administering medications without the proper training and documentation.
- Domain 9: Documentation of all required internal quality improvement processes were not maintained. Training was completed at 100% compliant for all modules with the exception of Medication Administration training which was 0% compliant; a sanction will occur. Tenured staff training was 100% compliant for the 3 staff reviewed. Supervisory visits did not indicate if the visits were announced or unannounced. Nursing supervision of the LPNs did not always provide details of the skill being observed.
- Domain 10: Minor billing issues were noted for one individual reviewed for Community Based Day and Transpiration. Recoupment occurred. The agency does not provide Personal Funds Management services.

Developmental Services of Dickson County- Day/Res, Family Model, Med Res., and Personal Assistance: The exit conference was declined. Scored 48 Proficient on the 2017 QA Survey. Scored 50 Proficient on the 2016 Survey.

- Domain 9 decreased from Substantial to Partial Compliance.
- Domains 3 and 5 remained Partial Compliance.
- Domain 3: Reportable Incident Forms were not submitted for the administration of a psychotropic medication prescribed as PRN. The Criminal Background and State of Tennessee Registry Checks were at or above 96.9% compliant for the 32 new employees.
- Domain 5: Quarterly reviews of psychotropic medications were not completed for three people. Requested patient information was not provided to the prescribing practitioner. Additional issues related to adherence to medical orders were noted. A psychotropic medication prescribed as PRN was administered without documentation of an RN assessment.
- Domain 9: Supervisory visits were not completed as required in 3 homes. Documentation of direct observation of nursing skills by a Registered Nurse as outlined in the agency's policy was insufficient. Training was 100% compliant for all modules; tenured staff training was 90% compliant or above for the 20 tenured employees reviewed.
- Domain 10: No Personal Funds Management issues were identified for the four individuals reviewed.

Heavenly Care: The initial consult was completed on March 16, 2017. All requirements were reviewed.

- Domain 3: Fire drills were being completed; however the time of evacuation was omitted.
- Domain 4: Consents for psychotropic medications were not available for review. Blank consent forms signed by the conservator were in the record. An incorrect dosage of a psychotropic was submitted for review to the Human Rights Committee.
- Domain 5: The agency has a format for documenting behavioral information and submitting to the prescribing practitioner; however the documentation was blank. One MAR could not be located for the previous month.
- Domain 9: Records were not maintained by the provider in a method that demonstrates accessibility in a timely manner. The required self-assessment activities were not included in the internal quality assurance plan. The advisory board did not include the required members.

Capitol City Residential Health Care- Day/Residential, Family Model: An initial consultation was completed at the agency on March 1, 2017. All requirements were reviewed.

- Domain 2: Daily documentation does not clearly show that two staff worked with the individual simultaneously.
- Domain 9: Although the agency does have an Advisory Board established for Tennessee, there are no representatives from Middle Tennessee.
- Domain 10: The agency is not providing Personal Funds Management services at this time.

Shalom Community- Day/Res, and Personal Assistance: The initial consult was completed on March 30, 2017. All requirements were reviewed.

- Domain 5: A Direct Support Professional was performing Blood Glucose checks without delegation by a Registered Nurse.
- Domain 9: Policies related to self-assessment and quality improvement were available; however they did not address all areas required by DIDD. The agency's supervision plan did not address supervision requirements for Personal Assistance sites.

West Region:

Clara Butler Nursing and Personal Care Services Inc. for the Aging and Disabled – Residential/Day provider scored 54 of 54/Exceptional Performance on the QA survey exited 3/10/17.

- Compared to their 2016 survey results, this is a 4-point increase in compliance (50-Proficient) related to improvements identified in Domains 3 (PC-SC) and 9 (PC-SC).
- The agency needs to ensure:
 - A Crisis Intervention Policy is developed and reviewed by a Human Rights Committee.
 - Applicants potentially meeting the definition of “prohibited staff” are not assigned to work until after an approved DIDD exemption has been received; a sanction is pending.
 - Staff receive training timely; a sanction is pending.
- Outcome 10A, billing, scored SC; no billing issues were noted.
- Outcome 10B, personal funds management, scored SC. At the time of the survey exit, reimbursements were due to the three persons in the sample for missing pharmacy statements and missing receipts.

STAR Center – PA/Day provider scored 54 of 54/Exceptional Performance on the QA survey exited 3/16/17.

- Compared to their 2016 survey results, this is a 6-point increase in compliance (48-Proficient) related to improvements identified in Domains 2 (PC-SC), 9 (PC-SC) and 10 (PC-SC).
- The agency needs to ensure Training for tenured staff is completed timely.
- Outcome 10A, billing, scored SC; no billing issues were noted.
- Outcome 10B, personal funds management, scored NA as neither the provider agency nor any paid staff is involved in management of the persons’ funds

Shelby Residential and Vocational Services – Residential/Day provider scored 46 of 54/Fair on the QA survey exited 3/17/17.

- The provider did not have a survey in 2016 due to 3-Star status. Compared to their 2015 survey results, this is a 4-point decrease in compliance (50-Proficient) related to issues identified in Domains 2 (PC-PC), 3 (SC-PC), 9 (SC-PC), and 10 (PC-PC).
- The agency needs to ensure:
 - Documentation reflects six hours of day service or includes acceptable reasons beyond the control of the provider for less than six hours of service being provided;
 - Notes titled for one type of day service include content which meets the definition of that service;
 - Documentation of service provision in the individual records reflect staff understanding of service definitions and how to appropriately document each service;
 - Cross-systems crisis plans are created as needed;
 - Applicants potentially meeting the definition of “prohibited staff” are not assigned to work until after an approved DIDD exemption has been received; a sanction is pending;
 - Documentation on reportable incidents is complete; incidents are reported to all required parties timely;
 - Incident Management Committee minutes capture discussion, recommendations and follow up actions regarding provider incident reports;
 - When current conservatorship is unclear in the ISP, documentation is presented to indicate the agency has communicated with the ISC to determine the current status or to determine future plans related to conservatorship;
 - Documentation of which medications were reviewed is included in the HRC review;
 - Documentation of delegation for blood glucose monitoring is maintained;
 - Issues identified during this survey are incorporated into the agency's self-assessment and quality improvement planning processes;
 - Staff are provided timely training on all required courses; a warning is pending.
- Outcome 10A, billing, scored PC. Multiple billing issues were noted in a review of Day services. Scattered billing issues were noted in the review of Nursing and Personal Assistance services. Details of recoupment will be forwarded to Risk Management as additional information on an open case.
- Outcome 10B, personal funds management, scored SC. Six people in the sample are due some amount of reimbursement due to maintenance of insufficient supporting documentation.

Comprehensive Services of Tennessee – Residential/Day provider scored 54 of 54/Exceptional Performance on the QA survey exited 3/21/17.

- Compared to their 2016 survey results, this is a 2-point increase in compliance (52-Proficient) related to improvements identified in Domain 9 (PC-SC).
- The agency needs to ensure applicants potentially meeting the definition of “prohibited staff” are not assigned to work until after an approved DIDD exemption has been received. A sanction is pending.
- Outcome 10A, billing, scored SC. Two isolated issues were noted where day service documentation did not support the provision of a full six hours of service . Details of recoupment will be forwarded to Risk Management as additional information on an open case.
- Outcome 10B, personal funds management, scored SC. No need for any reimbursement was identified and the funds for the four persons reviewed were considered fully accounted for.

Evergreen – Residential/Day provider scored 48 of 54/Fair on the QA survey exited 3/23/17.

- Compared to their 2016 survey results, this is a 2-point decrease in compliance (50-Proficient) related to issues identified in Domains 4 (PC-SC), 9 (SC-PC) and 10 (PC-MC).
- The agency needs to ensure:
 - Documentation accounts for all units of all services authorized;
 - Background and registry checks are completed timely (sanction is pending);
 - Consents for ISP restrictions are obtained;
 - Issues identified during this survey are incorporated into the agency's self-assessment and quality improvement planning processes;
 - Training for staff is completed timely (sanction is pending);
 - Evidence is maintained to support that members of the National Board of Directors and/or the Tennessee Advisory Board are representative of the communities where people supported reside and provide active and effective guidance to the West TN organization.
- Outcome 10A, billing, scored PC. There were significant issues found for two of the four people in the survey sample. A letter of recoupment is pending.
- Outcome 10B, personal funds management, scored MC. Four out of four indicators in 10B were scored No. Three of three people in the sample were determined to not have personal funds fully accounted for; reimbursement is due to all 3 people.
- The agency needs to ensure:
 - Required policies applicable to Tennessee are developed and implemented related to its practices in accordance with DIDD requirements and Generally Accepted Accounting Principles;
 - Adequate accounting procedures for management of a person's personal funds are created and implemented to assure consistent availability of current information involving the amount of financial resources available to each person, the amount of total countable assets, and documentation of purchases made on behalf of the person;
 - An adequate separation of duties is maintained for management of the person's funds;
 - Bank accounts are reconciled for each month;
 - Personal allowance and food stamp logs are maintained;
 - Personal funds are being used for restitution only as allowed by DIDD personal funds management policy;
 - SSA/SSI and food stamp letters and conservatorship papers are available; personal property inventories are maintained;

Tiara's Haven – Residential/Day single person provider scored 54 of 54/Exceptional Performance on the QA survey exited 3/24/17.

- This is the same score as 2016 survey results (54-Exceptional Performance).
- The agency needs to ensure:
 - Documentation on reportable incidents is complete; incidents are reported to all required parties timely;
 - Training for tenured staff is completed timely.
- Outcome 10A, billing, scored SC. No billing issues were noted.
- Outcome 10B, personal funds management, scored SC. Small amounts are due for reimbursement to the one person supported.

Personal Assistance: East- no reviews; Middle- no reviews; West- Arc of the Mid-South.

West Region:

The Arc of the Mid-South – PA/Day provider scored 52 of 54/Proficient on the QA survey exited 3/15/17.

- This is the same score as the 2016 survey (52-Proficient). Issues continued to be identified in Domain 9 (PC-PC).
- The agency needs to ensure:
 - Background checks and checks of the Felony Offender registry are completed timely; a warning is pending;
 - Training for staff is completed timely; a sanction is pending;
 - Documentation reflects unannounced supervisory visits of staff.
- Outcome 10A, billing, scored SC. A few units of service were noted to be overbilled for one person on one occasion. A letter of recoupment is pending.
- Outcome 10B, personal funds management, scored NA, as neither the provider agency nor any paid staff is involved in management of the persons' funds

ISC Providers: Providers reviewed: East- no reviews; Middle: no reviews; West- no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers :

Providers reviewed: East- Dara Thompson Kline; Middle- no reviews; West- no reviews.

East Region:

Dara T. Kline, BA: The 2017 QA survey resulted in the agency receiving a score of 30. This places them in the fair range of performance. This is the same score that the agency received in 2014.

The provider should focus efforts to ensure the following:

- Risk Issues Identification Tools are completed according to DIDD requirements (this is a repeat issue – Indicator 2.A.4).
- Behavior Support Plans are implemented in a timely manner.
- Clinical contact notes for Behavior Analyst services contain all DIDD required elements (this is a repeat issue – Indicator 2.B.5).
- Documentation indicates appropriate monitoring of the plan's implementation.
- There is a system for obtaining back-up or emergency staff.
- Information is disseminated to people, family members and/or legal representatives regarding complaint resolution procedures.
- Policies and procedures promote treatment of people with respect and dignity.
- Records are maintained as required.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.
- Staff receive appropriate training.

Nursing Providers: Providers reviewed:

Therapy Providers:

Providers reviewed: East- no reviews; Middle- no reviews; West- Functional Independence, JSD Speech Pathology, Patrick Greene.

West Region:

JSD Speech Pathology – Independent therapy provider scored 34 of 36/Proficient on the QA survey exited 3/2/17.

- This is the same score as 2016 survey (34 of 36/Proficient). Issues continued to be identified in Domain 2 (PC-PC).
- The agency needs to ensure:
 - Outcomes in Plans of Care are person-centered, functional, and measureable;
 - Services are implemented in a timely manner;
 - Staff instructions include the original date written and/or implemented, dates of revision and/or dates reviewed;
 - Documentation reflects a re-assessment or summary of person's progress and/or status to support the continued need for SLP services;
 - Documentation reflects communication with the ISC regarding amending the ISP to include updated clinical information;
 - Issues identified during this survey are incorporated into the agency's self-assessment process.
- Outcome 10A, billing, scored SC. One billing issue was noted; recoupment is pending.

Functional Independence – Clinical provider scored 34 of 36/Proficient on the QA survey exited 3/3/17.

- Compared to their 2016 survey results, this is a 2-point increase in compliance (32-Proficient) related to improvements identified in Domain 9 (PC-SC).
- The agency needs to ensure Plans of Care include goals which are person-centered, functional and measurable.
- Outcome 10A, billing, scored SC; no billing issues were noted.

Patrick Greene (dba Rebuild Rehabilitation) – Independent clinical provider scored 28 of 36/Significant Concerns on the QA survey exited 3/24/17.

- Compared to the 2016 survey results, this is a 2-point decrease in compliance (30-Fair) related to issues identified in Domains 2 (MC-NC) and 9 (PC-PC).
- The agency needs to ensure:
 - Assessments are fully completed, include all required components, include abbreviations and terminology recognized by DIDD, do not include conflicting information and are signed by the OT;
 - Plans of Care (POC) include functional and measurable goals with goals addressed in the OT assessment, include abbreviations and terminology recognized by DIDD, provide clear justification for continuation of services and current Updated POCs are available for review;
 - Authorized services are initiated by the clinician; Staff Instructions include the implementation date and/or annual review dates and training for staff instructions is documented; explanations of significant delays in ordering durable medical equipment are documented;
 - Services are provided in the amount authorized; explanations to account for the discrepancies between the amount of services provided versus authorized are documented;
 - Contact notes consistently reflect an objective measurement of the individuals' progress or responses to the treatment provided, documentation consistently addresses the adaptive equipment being used in therapy, stated goals in the Updated Plan of Care (UPOC) are addressed in contact notes or monthly reviews, and contact notes consistently include the signature of the therapist or signature of staff present during treatment;
 - Goals in the monthly progress notes match the stated goals in the UPOC, monthly progress notes include documentation of objective measurements of individuals' progress toward the stated goals, indicate why continuation of services is recommended, consistently include information related to training and equipment, include abbreviations that are recognized by DIDD, reflect communication between the provider and the ISC regarding the authorization of services and any barriers or concerns that may cause a delay;
 - A self-assessment and quality improvement planning system is created and implemented.
- Outcome 10A, billing, scored SC. Numerous units of treatment were provided and billed after the Plan of Care had expired. Recoupment is pending.

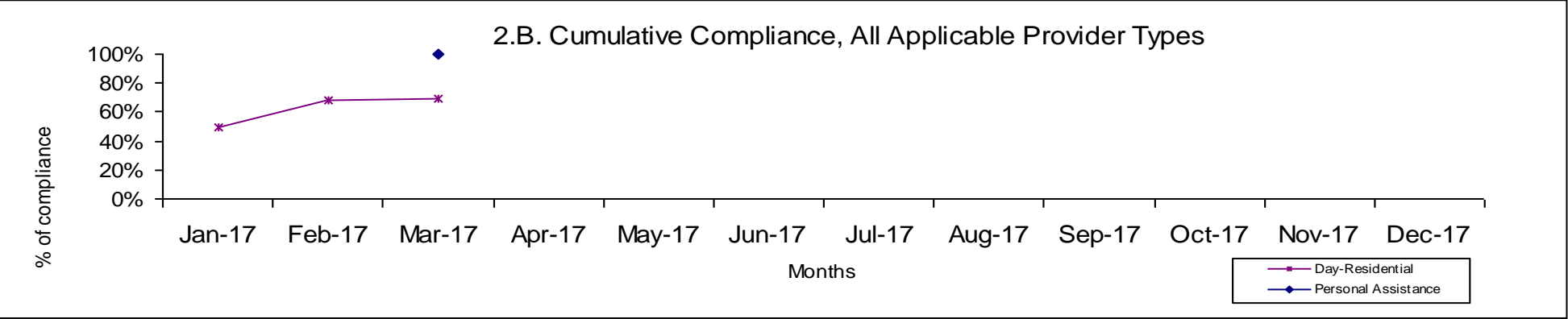
Special Reviews:

Current Month:

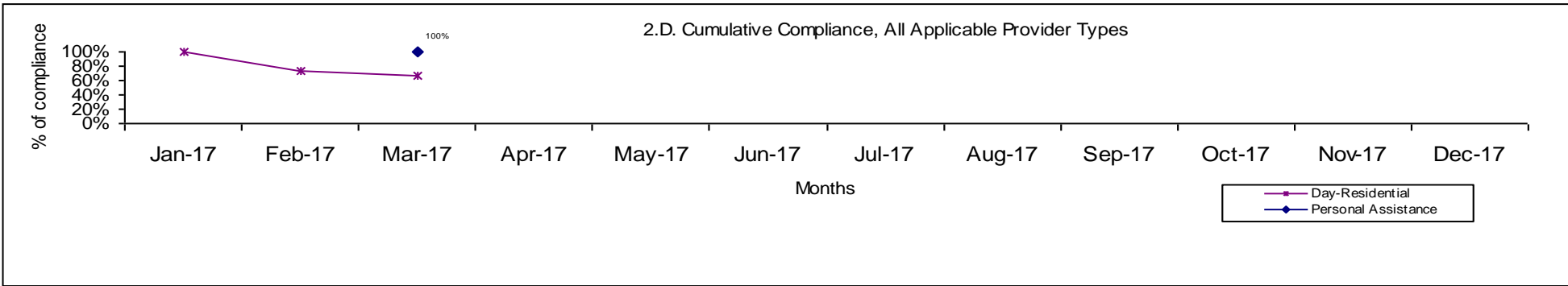
Domain 2, Outcome B (Services and Supports are provided according to the person’s plan.)
Domain 2, Outcome D (The person’s plan and services are monitored for continued appropriateness and revised as needed.)

Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	70%	58%
Personal Assistance	100%	100%

Cumulative Data:



Cumulative Data:

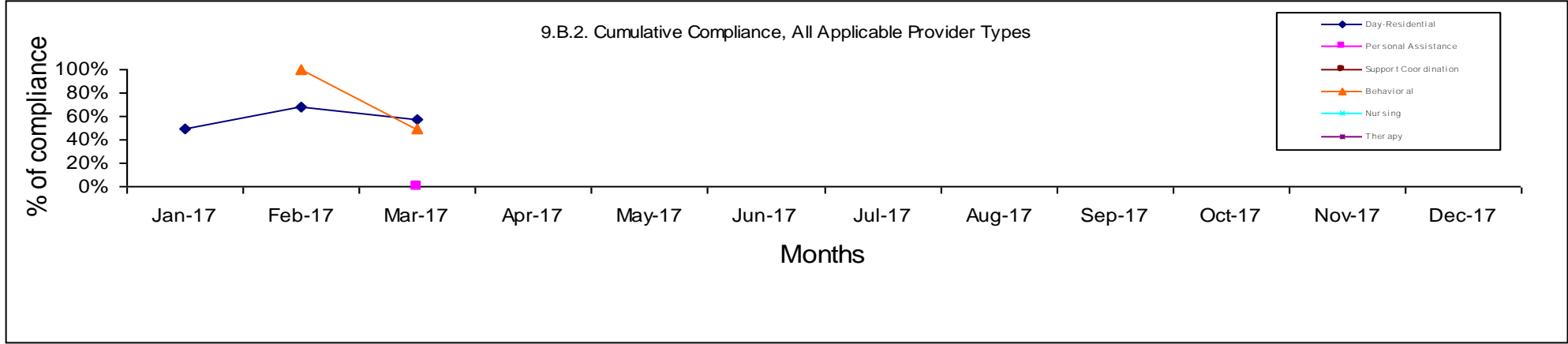


Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	47%
Personal Assistance	0%
Support Coordination	N/A
Behavioral	0%
Nursing	N/A
Therapy	N/A

Cumulative Data:

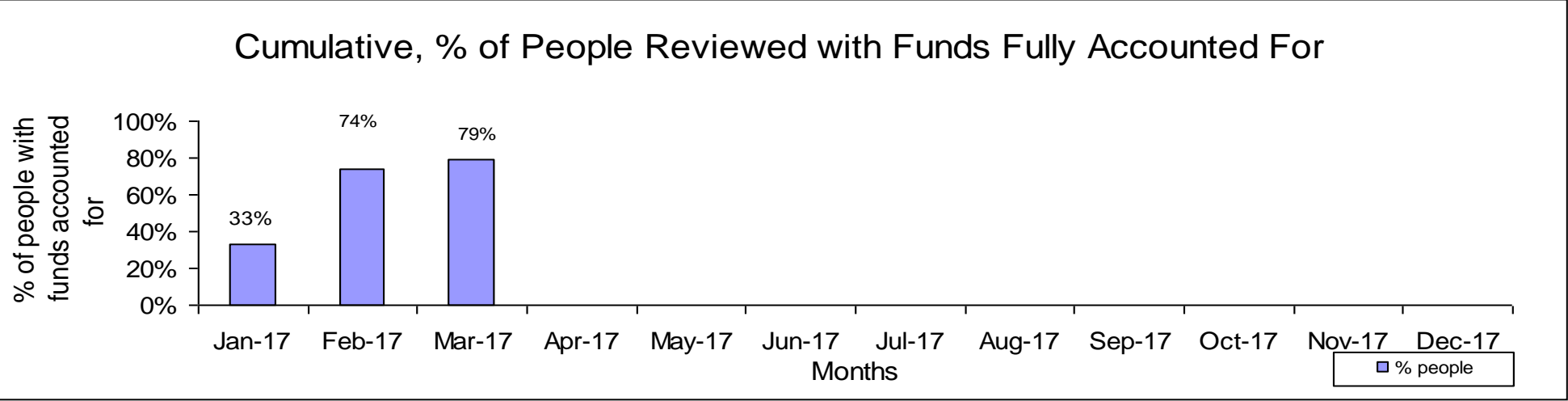


Personal Funds:

Current Month:

Region	% of People Reviewed with Personal Funds Fully Accounted For Monthly
East	68%
Middle	100%
West	84%
Statewide	82%

Cumulative Data:



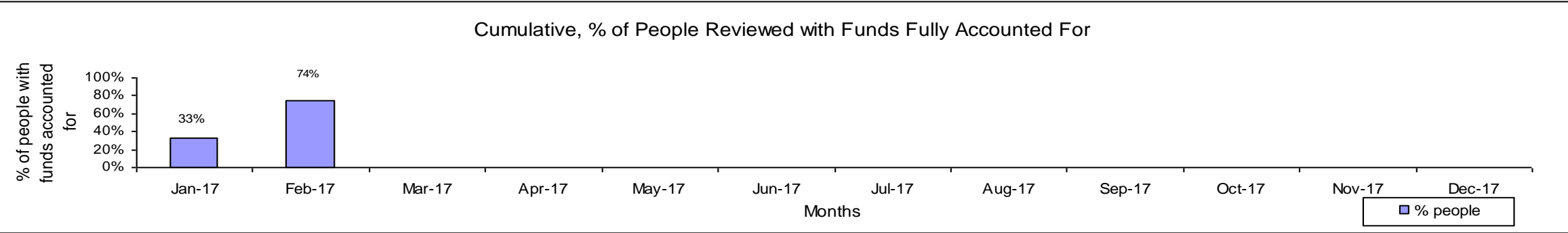
F	Provider Qualifications / Monitoring (II.H., II.K.)	Personal Funds
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Data Source:

Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

[illegible][illegible][illegible][illegible][illegible]

Region	% of Personal Funds Fully Accounted For
East	25%
Middle	95%
West	100%
Statewide	81%



Analysis:
 The criteria used for determining if personal funds are fully accounted for is tied to compliance with all requirements in the Personal Funds Management Policy.
 See references under provider summaries above.

Follow-up action taken from previous reporting periods:
 The Quality Management Committee will continue to analyze data from this area to identify other ways to address concerns.